

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>4891</u>	2. Fiscal Year Covered From: <u>1</u> / <u>1</u> / <u>04</u> Through: <u>12</u> / <u>31</u> / <u>04</u>
3. Name and address of person filing. Name <u>MARTIN T LAWRENCE</u> P.O. Box, Bldg., Room No., if any Street <u>315 E 43rd ST</u> City <u>MINNEAPOLIS</u> State <u>MINNESOTA</u> ZIP Code + 4 <u>55409</u>	4. Name, file number, and address of labor organization. Name <u>TEAMSTERS UNION LOCAL 632</u> Labor Organization File Number <u>035416</u> P.O. Box, Building and Room Number, if any Street <u>3001 UNIVERSITY AVE SE</u> City <u>MINNEAPOLIS</u> State <u>MINNESOTA</u> ZIP Code + 4 <u>55414</u>
5. Position in labor organization. <u>RECORDING SECRETARY / BUSINESS AGENT</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.

6. Name and address of Employer (including trade name, if any). Name <u>MINNEAPOLIS MILITARY & TOWERS</u> Trade Name, if any: P.O. Box, Bldg., Room No., if any Street <u>1001 MARQUETTE AVE</u> City <u>MINNEAPOLIS</u> State <u>MINNESOTA</u> ZIP Code + 4 <u>55403</u>	7.a. Nature of Interest, Transaction, or Income. <u>OCTOBER 5, 2004 - LABOR/MANAGEMENT LUNCH</u> 7.b. Amount. <u>\$25.13</u>
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Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed

On

8/3/05

Date

612 823 4994

Telephone Number

Martin T Lawrence
315 E 43rd Street
Minneapolis, MN 55409

Teamsters Union Local 638

August 3, 2005

U.S. Department of Labor
Employment Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW, Room N-5616
Washington, DC 20210

Re: Amended LM-30 Report dated 8/3/05 for reporting period 1/1/04 to 12/31/04

Dear Sir:

Attached is an amended copy of my LM-30 Report. It replaces the one I signed on July 12, 2005.

Thank you.

Sincerely,



Martin T. Lawrence

Name of Person Filing

File Number U-

B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

9. Business deals with:

☐ a. Labor Organization☐ b. Trust☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

12.b. Amount.

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.